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An Exploratory Study Of Independent Living Skills Of Emancipated Treatment Foster Care

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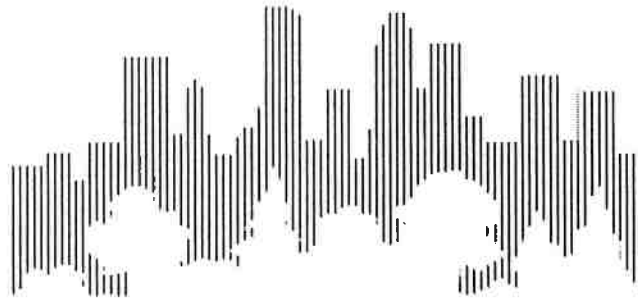
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MASTERS IN SOCIAL WORK THESIS

Christine Marie Beseman Durocher

An Exploratory Study Of Independent
Living Skills Of Emancipated
Treatment Foster Care

MSW
Thesis

Thesis
Besema

2001

An Exploratory Study Of Independent Living Skills Of
Emancipated Treatment Foster Care Recipients

Christine Marie Beseman Durocher

Submitted in partial fulfillment of
the requirement for the degree
of Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
2001

MASTERS OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

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DEDICATION

This thesis is respectfully dedicated to those individuals who share in the collective responsibility for assisting in the development of youth in foster care. Their commitment is an inspiration and depicts the value they place on today's youth.

ACKNOWLEDGMENTS

I will forever be grateful to those who have given me encouragement and assistance during this challenging journey, without them the destination would not have been realized. They include, my family, friends, classmates, and colleagues. Most importantly, I want to recognize and give thanks to God without whom I would not have had the desire and opportunity to reach my goal of completing my MSW. Thank you Joe for your unending confidence in me - you believed when I did not. Thank you for being both mom and dad during this journey and for your strength, love, and steadfastness. Holly, Ben, and Jacob, You consistently remind me of what is truly important in life and gave me the renewed energy to carry on. I am proud to be your mother.

Additionally, Thank you to the staff at Wilder Treatment Foster Care they inspired and encouraged me throughout this process and for their commitment to working with foster families. To Heather McIver in particular for her guidance and support.

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The night has been long,
The wound has been deep,
The pit has been dark,
And the walls have been steep.
The hells we have lived through
And live through still,
Have sharpened our senses and toughened our will.
The night has been long,
This morning I look through your anguish
Right down to your soul.
I know that with each other we can make ourselves whole.
The ancestors remind us, despite
The history of pain,
We are going-on people who
Will rise again.
And still we rise!

Maya Angelou

ABSTRACT

AN EXPLORATORY STUDY OF INDEPENDENT LIVING SKILLS OF EMANCIPATED TREATMENT FOSTER CARE RECIPIENTS

A QUALITATIVE STUDY

CHRISTINE MARIE BESEMAN DUROCHER

MAY 16, 2001

This exploratory qualitative study examines the independent living skills that are possessed upon emancipation from foster care and identifies those areas that need further development, which may arise in successful transition into adulthood. This study also attempts to identify if the independent living skills possessed were learned through foster parents modeling appropriate behavior. The study sample includes 10 former foster children who are now adults and living independently, who were interviewed face to face. The guide consisted of open and closed questions, which allow for optimal feedback from the respondents. The results suggest that those individuals who age out of foster care possess a wide range of independent living skills and identify the areas where skills are lacking and follow up services may be needed.

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CHAPTER 1: INTRODUCTION

This chapter presents and discusses the statement of the problem, an historical overview is given as related to the problem, and the research questions used in this study are identified.

Background of the Problem

In 1980 congress took a long over due, proactive approach to the needs of children. The most pressing problem within the foster care system was the phenomena of “drifting” from one foster family to another (Cole & Duva, 1990). During this period of time the laws enacted were effective given the limited knowledge regarding the true scope of child-welfare issues. Social workers providing case management for recipients of foster care had case loads that were small due in part to the push for what is commonly today referred to as permanency planning. However, since this time the numbers of children entering the system is increasing at an alarming rate with no permanent solution in sight. Many factors contribute to the child-welfare dilemma including, homelessness, teen pregnancy, alcohol abuse, and the widespread crack cocaine epidemic. The welfare system is currently overwhelmed with societal demands and social ills. From 1984 to 1994 studies show child abuse and neglect reports have more than doubled (Tatara, 1994). In 1992 nearly 3 million children were reported as abused or neglected, an increase of 50% since 1985 and 247% since 1976. Along with the rising numbers of children entering the system the severity and complexity of the problems has also increased. “These are not just cute little children who need a loving home,” says Gary J. Stangler, Director of Missouri’s Department of Social Services,

“these are kids who know how to make crack, but don’t know their colors” (Tatara, 1994, p. 37). Wileen Pasztor of the Child Welfare League of America states, “those children have problems too serious to be solved just by taking them out of bad environments and giving them three hots and a cot!” (Tatara, 1994, p.38).

In many households the skills children need for adulthood are taught informally by observing role models perform daily living tasks. These skills are learned during several stages throughout the child’s development. After the observational stage a child or adolescent may be asked to participate with an adult or family member thus gaining opportunities to practice and learn (Griffin, 1985). As skills are developed more responsibility is given until mastery is gained. Eventually, a youth may be given full responsibility of a task for the entire family. A young adult faced with the responsibility of a new task for the first time using prior experience in the parental or foster home becomes important (Griffin, 1985).

It is believed that some youth preparing to leave foster care have not had the opportunity to witness, and thus model, a consistent set of adult behaviors. Commonly, they have been raised in unhealthy homes where basic survival skills were the primary emphasis (Ryan, 1988). Due to the stressful experience and the variety of family situations they may be unaware of the underlying patterns already engrained. Their mental and emotional energy has frequently been exhausted in attempting to deal with and understand their situation, leaving few resources for absorbing the minutia of daily living skills (Griffin, 1985).

In order to emancipate successfully youth need to develop skills. These skills can be divided into tangible and intangible categories. Tangible skills include all of those needed for daily living and self-maintenance, and those associated with securing and maintaining employment. The intangible skills are more difficult to categorize, but include interpersonal and decision-making skills, and those needed to engage in appropriate relationships while avoiding abusive ones. These intangible skills may be especially critical for youth in foster care who in many instances, suffer from low self-esteem, and who commonly feel a sense of anger and abandonment toward their biological families. They believe their experiences are unique and that they are isolated from other support systems (Ryan, McFadden, & Warren, 1988).

Several studies report on the tangible skills youth need that are often included in a variety of available manuals. They include: "personal hygiene and self-care; selecting, furnishing and maintaining appropriate living quarters; money management; shopping and transportation; food preparation; finding and using resources for leisure and recreation; and information on the variety of community resources available to citizens" (Ryan, 1988 p. 17). Young people leaving foster care, need assistance in setting realistic goals that address their deficits as well as focus on their strengths this is particularly true for those with academic deficits and little work experience. Once these are determined, guidance in finding supportive services that will address the areas of limitation are needed in order to facilitate healthy development and a successful transitional process. Intangible skills are those involved in decision-making and interpersonal relationships. The disruptive relationships that many foster children have

endured affect their ability to trust and engage in appropriate relationships.

Additionally, foster children have has little opportunity to influence the major decisions regarding their lives therefore many often harbor feelings of powerlessness. Helping young people develop a paradigm for making appropriate decisions is a critical dimension in preparing them for emancipation from foster care.

Statement of the Problem

In 1985 it was estimated that within the next year, 18,000 young people would leave foster care to assume adult status in society (Maluccio & Fein, 1985). How prepared they are to effectively function in society depends a great deal on their individual characteristics and childhood experiences (Maluccio & Fein, 1985). It is believed that many, over time, will successfully fulfill their adult roles (Festinger, 1983; Meier, 1965; Triseliotis, 1980). Many unfortunately struggle for years or survive only marginally in a society with minimal coping skills to address ongoing challenges. These individuals are considered vulnerable and they are susceptible to being victimized and exploited. Their difficulties are compounded if they suffer from mental, emotional, or physical impairments (Festinger, 1983; Murphy, 1974). If they are unable to adjust and become independent, these young people place additional stress on an already overburdened social service system. If they become parents, they are frequently unable to perform effectively, thus continuing an intergenerational cycle of child neglect and abuse.

Research Questions

The research questions addressed in this study are:

1. What are the independent living skills that foster children possess upon emancipation from foster care?
2. What independent living skill areas need further development? And
3. What skills were learned through foster parent modeling of appropriate behavior?

Summary

This chapter has outlined some of the challenges faced by those individuals who are emancipating out of foster care, Furthermore when an individual preparing to leave foster care has a disability these difficulties are compounded. This study looks at the non disabled person and will address the skill areas believed to be necessary in order to successfully transition into adult status, if there are areas that need further development, and how these skills were learned. The following chapter will review much of what is already known about treatment foster care. Chapter three will present the theoretical framework and how each is applied to the population of this study at a micro level and a macro level. The methodology section comprises chapter four which is a description of the proposed research study into analyzing the responses of the participants with regards

to independent living skills. Chapter five will present findings of the study and in conclusion, chapter six discusses the three major themes that emerged from the findings as well as areas of limitations and implications for further studies.

CHAPTER 2: REVIEW OF LITERATURE

Initially, the literature review will begin with a brief historical overview of the conception of treatment foster care programs and their transition to the present day. Treatment Foster Care Program features will then be highlighted, followed by a description of the clients who are served in treatment foster care programs and characteristics of this population. Finally, foster parents and their responsibilities are discussed.

Historical Review

As an alternative to placing children and adolescents in institutional settings the treatment foster care model emerged. This approach is also known as therapeutic foster care, foster family-based treatment, and specialized foster care. Popularity of this program is seen in several countries and the positive effects are felt in neighboring countries like Canada and as far away as Europe. The dramatic increases in foster care began in the 1980's and this trend continues today. Over three hundred programs offering treatment foster care were studied and the results were that over 80% of the existing programs had been founded since 1979 (Chamberlain, 1990). In 1989 the North American Foster Family-Based Treatment Association was founded and has membership in regional chapters of 170 agencies in 35 states and 3 Canadian provinces. This association has propelled the foster care movement and fuelled child-welfare programs. Some tasks that this organization has under taken include, sponsoring annual conferences on TFC, considering program standards, and certification procedures (Hawkins & Breiling, 1989; Shaw & Hipgrave, 1983), and founded a

professional journal, Community Alternatives: International Journal of Family Care, which is published semi-annually.

Treatment foster care has shown to be a positive approach for meeting the needs of youth with mental, emotional, and behavioral problems. This approach is rapidly expanding as an appropriate and functional model for treatment. These programs provide intensive family-based, individualized services to youth and adolescents who can no longer remain in their biological homes. Findings indicate that treatment foster care, when compared with group home services is less costly and is able to provide more intensive and therapeutic services to the client population served by this program with a more positive outcome (Almeida, Hawkins, Meadowcroft & Luster, 1989). Treatment foster care programs role in children's service systems is unique. Unlike traditional family foster care or group home care, treatment foster care programs provide children and their families with coordinated and multisystemic services while the child lives in the normalizing environment of a protective family (Bereika, 1992). Treatment foster care programs were developed in response to the limitations of the current child welfare service system, the crisis in traditional foster care services and the lack of family-based mental health interventions for children who are not able to live with their own families (Hawkins & Breiling, 1989).

Treatment Foster Care Program Features

In surveying 824 self-designated treatment foster care programs, (Hudson, Nutter, Galaway, & Thomlinson, 1991) extracted key features that distinguish treatment foster care from residential services and traditional foster care programs:

1. The program recruits foster parents specifically to provide treatment to a population of children with special challenges;
2. Treatment foster care parents are compensated at a higher rate than traditional foster care parents, are treated as if they were contract employees, and for the most part, receive lower reimbursement than residential child and youth care workers;
3. Training and support of treatment foster care parents are more extensive than what is provided for other caregivers;
4. Treatment foster care programs have the formally stated goal of serving children who would otherwise be admitted to non-family institutional settings;
5. Care and treatment are provided within a residence owned or rented by an individual or family providing the treatment foster care service (p.12).

In a subsequent survey, Hudson et al. (1991) contracted foster care programs meeting the above criteria. Among the 321 “true” treatment foster care programs that responded, they found the following characteristics:

1. 70% are administered by private, nonprofit agencies;

2. At least 18 hours of pre-service training for treatment parents is required before a child is placed and 20 hours of in-service training is mandatory;
3. Usually one child is placed in a home during any one time to allow for intensive work with the child;
4. The maximum caseload size per family worker is ten children and/or seven treatment families, allowing for close and extensive contact with the treatment parents and child;
5. The average length of stay is nearly 15 months. This is shorter than traditional family foster care but longer than typical residential treatment services;
6. The average payment to treatment parents is between \$27 (low average) and \$35 (high average) a day;
7. And more than half of the programs base their interventions with the children on a consistent approach in which all treatment foster parents are trained (p. 15).

One study, conducted by Clark, Boyd, Redditt, Foster-Johnson, Hardy, Kuhns, Lee, & Stewart in 1993, investigated the effects of adding wrap-around services to traditional foster care. Prior to this study very few examples exist regarding specific service activities of treatment foster care. For example, types and frequencies of activities provided by treatment parents, coordination of the many agencies needed to provide multiple services, and provision and type of therapy, have not been systematically evaluated for descriptive purposes. This study found that 5 service

activities accounted for improved behavioral and social functioning of children when compared to a group of children receiving standard family foster care practices. "There were: 1) use of a case manager or family specialist to coordinate services across all settings; 2) use of family-centered clinical casework; 3) provision of home-based counseling; 4) collaboration with the child's caseworker (e.g. the public child welfare case-worker in this instance); and 5) intensive facilitation of services for others connected to the child, such as teachers and the child's family" (Clark, Boyd, Redditt, Foster-Johnson, Hardy, Kuhns, Lee, & Stewart in, 1993 p. 12).

Program guidelines of treatment foster care reflect a positive treatment approach to children placed out of their biological home however, there are many contributing variables to positive outcomes for these displaced children. Other contributing factors include number of out of home placements, the length of stay, and the initial age of entry into the child welfare system (Courtney, 1994). Much research attention has been directed in the area of race and what affect the race of the child has on the services provided. Literature suggests a pattern of inequity based on race with regards to the rendering of services (Thornton, 1987; Meyer & link, 1990). Statistics show that there are higher numbers of minorities currently being served in the foster care system and that the average length of time spent in out of home care is significantly longer than Caucasian children.

A central notion of treatment foster care is to provide a stable setting for the child and administer the necessary treatment that contributes to the healthy development of the child. The premise of permanency planning is to increase the likelihood of the

child being in a stable environment with the assumption being stability equates to the outcome being more positive. Permanency planning is believed to facilitate in the outcome process for foster children. The focus becomes the stability of the children and how this directly correlates with the outcome in out of home care (Courtney, 1994). Included in permanency planning is reunification with the biological family, kinship care, permanent foster care, and adoption. A study on family reunification found that race along with the geographical location where the child was being placed had an effect on the rate of reunification with the biological family. Similar studies reflect racial differences affecting other dynamics of out of home placement including, the age when a child enters the child welfare system, the number of non-Caucasian children being served in foster care, and the length of stay in foster care as well as the number of placements for a child (Barth, 1986, George, 1990, McMurty & Lie, 1992).

Children Served

The client population served in treatment foster care frequently have special needs that require the level of intensity of treatment services offered by the program. It is believed by some service providers that all children being removed from their biological homes will have or will develop special needs and the intensity of the treatment provided within the treatment foster care program addresses these needs and enables the child to mature in a healthy manner. Standardized assessments comparing children served in treatment foster care with those served in other settings are not available. But based on the descriptive accounts, children in treatment foster care appear to have comparable complex and multiple problems (Hawkins et al., 1989), and

have experienced similar serious trauma with respect to their past experiences, as children in group care (Colton, 1988; Osmond, 1992). The children are most frequently described as emotionally disturbed or behaviorally disordered (Chamberlain & Reid, 1991; Colton, 1988; Osmond, 1992; Thomlinson, 1993; Timbers, 1990;). Over 50% of children have a greater number of placements and they are over 10 years of age when they are initially placed within a foster home whereas children served in standard family foster care placements tend to be younger and have fewer placements (Bryant & Snodgrass, 1992; Chamberlain, 1990; Hudson et al., 1991; Timbers, 1990). Problems include, school performance problems, suicide ideation, and drug and substance abuse (Meadowcroft, 1989).

Some research indicates that children in treatment foster care are more unsure of their ability to handle the daily challenges because of the chaotic environments in which they came from. For example, Colton (1988) found that children entering treatment foster homes exhibit twice as many presenting problems as children entering group care. Treatment foster care may be better able to serve challenging children than many group care options because treatment foster care can design and administer highly individualized services for each child (Timbers, 1990; Webb, 1988). It is common for many youth to encounter adjustment problems as they leave their parental homes (Haley, 1980). Those leaving foster care are not alone in finding the transition to independence a challenge (Haley, 1980). Many young people are ambivalent, desiring independence, and maturity, although they are unsure about their ability to handle it. The parody becomes the need for parental support while fighting to resist it (Josselyn,

1972; Steinberg, 1980). Today's youth face a complex world with rapidly changing societal values. They struggle to prepare for or find appropriate employment and career opportunities while dealing with the trauma accompanying the break from family economic and emotional support. Their transition is made less difficult when parents or other family members are able to demonstrate sincere expressions of interest and concern, freely provide necessary information and advice, continue economic support, and, even if only as a last resort, maintain a home to which they can return (Josselyn, 1972; Steinberg, 1980).

Some research indicates that as most young people in foster care leave their foster homes, there is a definite break from the foster care family. Often they have not had contact with their biological families for many years and even when they have remained in touch, these families seldom have the resources or the skills necessary to provide adequate assistance for coping and dealing with society's challenges. (Anderson & Simonitch, 1981). . In addition, their experience with foster care families is often discontinuous and not cohesive. The foster child's education is frequently disrupted by changes in their living situation, and this is one significant cause of academic underachievement. If neither the foster child nor their families have come to terms with the events leading up to the child's removal or the feelings engendered by the separation, their difficulties are further confounded by feelings of anger, rejection, guilt, and blame (Anderson & Simonitch, 1981). Currently, however, little systematic effort has been made to use foster parents to assist in providing the foster children in their homes with the supportive skills necessary for appropriate socialization and successful

transition to independence. Frequently, it is assumed that foster families will provide these young people with all of the resources and environmental supports. This expectation may be met in a long-term placement; however, a large number of adolescents currently in foster care have experienced multiple placements and never have the opportunity to become established in one environment (Lutsk & Parish, 1977). It is believed that they need a continuum of services that are directed by the client's individual needs. Some of the ongoing services include, educational/vocational services, opportunities to learn how to manage money and run a household, support in establishing appropriate relationships, and often looked, is the opportunity to explore their feelings about their families and themselves (Griffin, 1985; Maluccio & Fein, 1985). For many, the foster parents are the logical persons to provide these services because they participate in extensive training classes and support groups that address the treatment model approach used to address the issues of the child and allow the families an opportunity to discuss the problems relating to the child or children in their care. It is assumed that the foster parents should have the skills often lacking in the biological families. They spend a great deal of time with the child and in many cases this period of time is during critical developmental stages therefore the foster parents can model appropriate adult skills, provide opportunities to test these skills in a safe, and real family environment. The foster families can also reinforce positive growth and develop the rapport necessary to allow these adolescents to express their ambivalent feelings. Many foster parents do this as a part of their normal parenting style. Frequently, a child coming into the foster care system suffers from the effects experienced by their

biological family and these difficulties all too often become the focus of the foster parent's efforts. While still others, however, are more concerned with the adjustment of the foster child to the foster family and concentrate more on the child's deficits and needs within the family than on the strengths upon which the foster child could build for independence (Griffin, 1985; Maluccio&Fein1985).

Treatment Foster Parents

Few comparison studies have been done with traditional foster parents and treatment foster (Chamberlain & Moreland, 1991). Studies have not yielded significant data describing the characteristics of treatment foster parents in correlation to the success of the treatment interventions (Chamberlain & Moreland, 1991), which can, in part, explain the lack of interest in this area.

However, recruiting practices used by programs can prove to be beneficial when developing programs or modifying practices within a given program. (Thomlinson, 1993). The target families are those who express a sincere interest in working with displaced and troubled youth. An exploratory study (Thomlinson, 1993) showed that providers of treatment foster care felt that within the scoop of foster care the services they provided were of greater value compared to traditional foster parents. These authors did not differentiate between the services provided within each program, but rather the differences were found in the intensity and frequency of the services. Both treatment foster care and traditional foster care satisfaction were studied and the results were favorable in each case however, the traditional foster care providers expressed

disappointment with the supports offered by the interacting systems (Osmond, 1992). Other characteristics of treatment foster care families vary widely within and amongst programs.

Some studies reflect that children complete the program of treatment, suggesting that the majority of children's problems respond favorably to the family-centered, multi-systemic, approach of treatment foster care (Fanshel et al., 1990). In 60 to 89% clients with multiple problems were successfully sustained in these programs (Fanshel et al., 1990). It appears that treatment foster care can serve as an effective alternative to group home care. (Colton, 1988; Hawkins et al., 1989).

It is assumed that treatment foster care provides an optimal environment for stable family living so when the placements are completed as planned, it is believed that stability has been achieved for the children (Fanshel et al., 1990). Fifty five percent of children leave treatment foster care through emancipation and some will rebuild their relationships with their biological families (Chamberlain, 1990; Colton, 1988; Hawkins, Breiling, 1989; Jones, 1990; Osmond, 1992; Stroul, 1989; Thomlinson, 1993; Timbers, 1990).

Research is promising on the dynamics of treatment foster care. Following discharge, children served by treatment foster care are more likely than those served in group settings to be living in less restrictive environments. For example, with their biological families, with adoptive families, or living on their own (Chamberlain, 1990; Fanshel et al., 1990; Hawkins and Almeida, Samet, 1989). The intensity of services and treatment interventions may be an important variable in successfully treating seriously

troubled children in any setting. The restrictiveness of treatment foster care is moderate, yet the provision of service is intensive which provides a more normalizing environment for these children. This may, at least in part, explain the success of the program (Hawkins Almeida, Fabry, Reitz, 1992). The available data is limited regarding the dimensions of the intensity of treatment. There are no clearly defined, and then systematically compared, measurable variables for treatment. For example, these dimensions may include, hours clients spend working on treatment goals and objectives or time spent with the social worker (Hawkins, 1990).

Gaps in Literature

The gaps in literature are numerous. However, the articles found provide a solid foundation for the research topic. There is an abundance of articles discussing treatment foster care, the function of the program, and the goals of the program. Also, several articles exist that discuss independent living skills. Many articles are in agreement on the characteristics of skills and how they relate to everyday experiences. The gaps revolve around the combination of these two dynamics - treatment foster care youth and the possession of independent living skills. Many of the articles addressing independent living are applicable to youth who suffer from multiple disabilities. This may be the case in a few circumstances in treatment foster care, but it is not predominant. Another area that the articles surrounding independent living skills addressed was pertaining to those individuals with physical disabilities. Again, this may apply at times, but the

majority of the children and adolescents in treatment foster care have no physical limitations. For these reasons this study focused on recipients of services between the ages of 18-30 who were not labeled with a disability.

Summary

This chapter provided an historical review of the foster care system. Included were the common features that make up treatment foster care programs, the children who are served in these programs, and common characteristics of those parents providing the services. Finally, the gaps in the current literature available surrounding this topic were discussed. Chapter three will present the theoretical framework. The micro perspective will be addressed investigating the acquisition of knowledge, more specifically the learning theory and application of this model to foster care. The macro perspective looks at systems theory and application of this framework explains how foster care youth are affected by all the interrelated systems.

CHAPTER 3: THEORETICAL FRAMEWORK

From the literature review in Chapter 2, themes were identified to explore independent living skills of emancipated treatment foster care recipients. This chapter describes the learning theory and systems theory as a framework from which this research is analyzed and how each applies specifically to treatment foster care youth.

Learning Theory

The learning theory attempts to explain how individuals learn and acquire new skills. This theory has as the central notion that individuals develop within the environment of their surroundings and this experience shapes in part who they will become. The process of learning occurs through life experiences with the result being the acquisition of new skills (Fancher, 1979). The Learning theory, with its behavioral foundation, allows for explanation as to how children develop, holds that their environment and observations directly impact development, and subsequently, the life choices they will make. A child develops through observing and internalizing the world around him or her. This theory relates to the research questions: 1. What are the independent living skills that foster children possess upon emancipation from foster care; 2. What independent living skill areas need further development; and 3. What skills were learned through the foster parents' modeling of appropriate behavior? Some children placed in foster care have had experiences that altered the learning process. The changes may occur during critical phases of development and can have an impact on them throughout the challenges they experience during the life cycle, including the final emancipation.

Bee (1985) states the assumption held by learning theorists is that the environmental exposure during the formative years is the primary cause of development. Much of learning depends upon conditioning to determine the drive and motivation of the child and what is important to him or her. There are two fundamental mechanisms used in behavior development and changing behavioral patterns. Conditioning is one mechanism that describes the use of associations in learning and the second is through observations of models in the child's life. The child forms significant connections that are viewed individually through these associations within the his or her life. The Learning theory explains the development of self through throughout the child's life, and it begins in at birth and continues through adulthood (Mussen, Conger, & Kagan, 1979). In the initial stage of development the child spends a good deal of time getting basic needs met. The child is beginning to understand how the external environment operates (Singer & Singer, 1969). Reinforcement, rewards, and punishment are key aspects used as a means of teaching a child about his or her world. Significant people in a child's life will have an important impact on the need for approval and affection and, ultimately, the child's motivation and acquisition of knowledge. The child will learn from the people he or she spends the most time with and the people relied on in order to get his or her needs met.

Some basic needs of a child include food, shelter, and the more intrinsic needs of nurturing, feelings of security, and approval. Children learn responses through observation and the outcome is imitation of these observations. Through the process of observation, the individual becomes aware of how new behavior is formed. With time

and application the responses serve as a template for new behavior. These two learning mechanisms are not mutually exclusive, but rather can often compliment and/or supplement each other in during the learning process (Mussen et al., 1979)

Through imitation of the modeled behavior, children can begin to master new skills and responses to external stimuli. Children have an exploratory drive because they enjoy learning new things for their own sake as well as for the approval and acceptance of those who they respect and admire most (Singer & Singer, 1969). Therefore, it is believed that socialization and motivation for learning behavior are not merely due to rewards and punishment, but also due to “competence” motivation. This explanation takes into consideration that the child comes to deal effective with his or her environment through the development of appropriate behavior learned through relationships formed with those individuals who play significant roles in the child’s life. Children will commonly imitate the adult and peers they observe to be the people important in their lives. Through imitation of the modeled behavior, they can begin to master new skills and responses to external stimuli.

Singer and Singer (1969) discuss how individuals may not necessarily generalize learned behavior to all environments. For example, the behavior exhibited at home may be quite different from that at school. The varied responsibilities placed on the child by caregiver within the external environment explains the differentiation of behaviors. Also, varying situations and environments may encourage different responses (Singer & Singer, 1969). Because of complex learning patterns children have unique ways of understanding the world around them. Thus, learning and understanding is influenced

by the people they directly interact with on a daily basis. Learning is constant and continually changing through interaction and observation which is greatly influenced by the environment. (Gardner, 1978).

Learning Theory Application

A perspective used in the continually changing foster care system, which has now expanded to treatment foster care, is the learning theory framework. This theory focuses on behavior development, behavior change, and how a child learns appropriate responses to his or her environment. Applying the learning theory to actual practice, the treatment foster care agency evaluated in this research study has recently begun to make changes to their programming based on current studies of youth in treatment foster care. The Wilder Foundation is an innovative treatment foster care agency, continually changing to meet the needs of the community in which they serve. Their innovative model of practice is based on strong theoretical framework, and facilitates the process of change as the environment of the families they work with also change.

Learning theorists assume the individuals are shaped by their environments and that through the process of learning we acquire responses. Learning theory, with its behavioral foundation, holds as its central notion that individuals are shaped by their environments (Bee, 1985). Fancher, (1979) states that learning is the process of acquiring new responses as a result of experience; and subsequently, a child develops through observing and internalizing the world. With this in mind, children placed in foster care regardless of time in placement can learn appropriate responses and

necessary skills for emancipation from foster care. The foster parents learn about and use documented therapeutic interventions with their foster children. The treatment foster care approach is a family-centered, multi-systemic approach to working with foster children, which is regarded to be very effective (Fancher, 1979). This can be positive for recipients of foster care in that those behaviors learned in the chaotic environments of their biological families may not be engrained in their repertoire of responses whereas the more appropriate response demonstrated by the foster parent may supercede the initially acquired responses.

The focus of this study specifically is to explore the independent living skills of the youth emancipating from the Wilder Treatment Foster Care program, and whether the environment they experience with their foster parents shapes their behavior.

Systems Theory

A system is comprised of complex components in mutual interaction. The basis of systems theory is that a person is affected by their relationships with other systems. Systems theory has as its emphasis the relationship between the system and its environment and it focuses on an individual's interactions with sub-systems. The major components of systems theory are; open versus closed systems, boundaries, steady state, equilibrium, homeostasis, entropy, negentropy, holon, and differentiation (Iglehart & Becerra 1995). Systems functions are socialization, communication, feedback, social control, and survival (Iglehart & Becerra 1995).

Because the environment is a significant aspect of the systems perspective it is necessary to understand the importance regarding the interactions of systems within the environment. Energy is a necessary element in every system and is referred to as resources. Exchanges of resources are needed for the system to sustain itself. Every system is bounded, but the boundaries can be permeable by the dynamic exchange of energy between the system and the environment. Systems that have no exchange across boundaries are considered closed whereas those in which energy crosses boundaries and is permeable are considered open systems (Payne, 1997).

Systems Theory Application

This theory, as applied to children in foster care, considers the person in the system. The focus is no longer the individual and the problem solving process takes on a new outlook because we investigate and recognize the role and responsibility of the larger system. Some of the external factors affecting the person are, the family, school, work, as well, as the larger systems of community, state, and country. When a child is removed from their home the interactions with other systems are crucial in the development of the child. Input from these environmental factors comes in the form of images, belief, attitudes, behaviors, and interactions. Each of these are formed and modified throughout the developmental process of the child. The technology or the series of activities applied to the inputs that transform into outputs would be the thought process applied to his/her input. This is where a healthy environment can attribute to the positive development of the child, but because it is not just one system that controls

the process the outcome can still be beneficial to the child because of the contact with so many sub-systems. This is not a process that comes from the individual, but rather a complex interrelationship of all systems working in relationship to one another. It's the affects the environment has on the child that contribute to his/her development. The outputs are the actions of the person released back into the environment after technology had been applied.

It is important to keep in mind the components of input, output, feedback loops, as well as entropy because they focus on the way systems work and how we can change them (Iglehart & Becerra, 1995). Systems interventions value the assumption that the individual and their environment interact and that the person (foster child) is only one segment of a powerful interrelated whole. Some traditional mainstream practices of treatment focus on the deficiencies of individuals and assess the limitations. "Systems theory offers the alternative of less emphasis on pathology and more emphasis on the interaction of the client with the variety of systems in his environment" (Rodway, 1986, p. 534). Treatment and directed research should focus on the strengths and attributes of the individual.

Summary

In this chapter, the components of the learning theory and systems perspective were discussed in relation to treatment foster children and how we develop and learn to live independently despite previous hardships. This study uses the learning theory and systems perspective since the agency utilizes a both perspectives while working in

treatment teams to organize and execute appropriate placements, goals, and objectives for each youth. In the next chapter, the methodology of this study will be discussed.

CHAPTER 4: METHODOLOGY

This chapter will describe the procedure used to conduct the research study exploring the knowledge and application of independent living skills upon discharge from treatment foster care.

Research Design

A qualitative, exploratory inductive study using in-depth interviews was used. Former treatment foster children who have emancipated from the program were invited to participate in a phone or in-person interview. The interview questionnaire (Appendix C) was designed by this investigator to explore former foster children's perceptions of the independent living skills possessed upon discharge from foster care. The areas where lack of sufficient skills inhibited the transition to independent living, and how these skills were learned was also included in the questionnaire. Interview responses provided both qualitative and quantitative data. All available data were analyzed to identify recurring patterns and themes. One of the most beneficial reasons for conducting an in-depth qualitative study like this one is to obtain through the method a deeper understanding of the population studied. Additional strengths of this design include the ability to reveal participants thoughts, feelings, experiences and perceptions through their direct quotations (Patton, 1987), and finding a deeper understanding of a given experience within a specific population. In addition, variations of individual differences within the participants may be explored. Weaknesses surrounding this research design include, due to the small sample size, it is not possible to generalize from the study results, and even though this is an in depth study it is not a large scale

survey therefore there is no way to test for relationships between the variables. The findings are summarized in narrative form and illustrated with tables in the Findings section of this study.

Research Questions

The research questions of this study are:

- 1) What are the independent living skills that foster children possess upon emancipation from foster care;
- 2) What independent living skill areas need further development; and
- 3) What skills were learned through foster parents' modeling of appropriate behavior?

Concepts, Units of Analysis

Independent living is defined as the ability to live without guardian support. Independent living skills are defined as those skills necessary to live without guardian support. Independent living skills were separated into two categories: tangible and intangible skills. Tangible skills include those skills that are performed. For example, finding and keeping a job, finding a place to live, and handling money. Intangible skills include thinking and feeling areas. For instance, making decisions, taking responsibility, and setting goals. The unit of analysis examined in this study was the individual.

The Study Population

The subjects of this study are both male and female individuals who were in foster care for a minimum of 18 months, and many have had more than one placement

in foster care. They are African-American and Caucasian between the ages of 19 and 30, with the median age of 22. All of the respondents have emancipated from Wilder Treatment foster care for a minimum of 3 months. All live in the urban areas of St. Paul or Minneapolis. The educational level of the respondents varies greatly. Many have completed high school, and some have post-secondary training or have continued to higher learning. Some, however, have also not completed the requirements for high school graduation. All are either employed or enrolled in post-secondary programs.

Sampling

The sample design was a purposive nonprobability sample. The subjects were obtained from Wilder Treatment Foster Care records. The Wilder Treatment Foster Care Program offers Treatment Foster Care (TFC) as well as Group Family Treatment Care. Respite services for foster families are also provided and the program assists children in foster care with their preparation for adoption. Wilder Treatment Foster Care Program provides therapeutic foster care for emotionally and behaviorally disturbed children as well as children with special needs. The mission of Wilder's Treatment Foster Care Program is to provide a safe, nurturing, family environment for emotionally and behaviorally disturbed children (birth to age 18) who are unable to live independently or in their biological homes. The program develops an individual treatment plan for each child and works through licensed foster homes to provide services that can enable the child to function effectively within the home, school, and community. A primary goal is to provide an opportunity for the child to return to his/her biological home or to be placed in a permanent alternative. By looking through

the records of foster children, the researcher developed a list of possible participants. The sample size consisted of 10 respondents. All of the possible participants were in foster care for at least 18 months and were emancipated from the Wilder Treatment program. From this list, the researcher cross-referenced the foster parents who cared for the possible participants while placed in Wilder Treatment Foster Care. Contact was made through the foster parents. The researcher contacted the foster parents through phone conversations explaining the research study and requested participation. The foster parent contacted their foster child and explained the nature of this study. The foster parent gave the foster child the name and number of the researcher. Upon contact from the participant, the researcher mailed a consent form (Appendix B) and explained the study and answered any questions. After receiving the consent form, an interview was scheduled. The participant had the option to either have an in-person or a phone interview. The study was conducted at the Wilder Foundation Treatment Foster Care facility, O'Shaughnessy – Building D in St. Paul, Minnesota.

Measurement Issues

In-person interviews and tape-recorded responses would allow for more complete and accurate data and reduce the likelihood for random error. To help reduce random error, a large enough sample population was drawn in order to determine patterns or common themes. While the sample size of this study is small, it is adequate to attain saturation. With any size sample population, the measurement tool must not be complex, boring, or have too many questions in order to avoid random error and increase reliability. This is particularly necessary when the instrument used to collect

data in this study was in-person interviews. In an attempt to reduce systematic error, how the data is actually collected and the dynamics of the individuals providing the data is important. Replication of studies is another way to control for research reliability especially when one is able to identify similar patterns or recurrent themes. Systematic error issues can occur as data is recorded. People interpret information subjectively and may have their own personal biases and agendas. If questions on the interview questionnaire leave room for interpretation by the person conducting the interview it may not reflect what the respondent intended. If information is not written down promptly by the researcher when conducting the interview, it may later be forgotten or reconstructed different than what was originally stated. The researcher attempted to control for misinterpretations or incomplete information of the responses by immediately processing notes upon completion of these interviews. Also, follow-up interviews were scheduled for clarification. Validity can never be completely controlled for, but face validity was perhaps more accurate when attempts were made to control for the process at which points of error may have occurred. Face validity is necessary if the measurement is to be deemed worth pursuing. The researcher personally assessed along with the thesis advisor if the measurement indeed measured what was intended to be measured. An additional threat to this study is external validity, which is not possible to attain because the small sample size does not allow for the results to be generalized to the sample population.

Data Collection

All respondents were asked questions related to tangible and intangible independent living skills. This skill list parallels the one advanced by Westat, Inc. (1986) in its study of independent living services for adolescents in foster care. A two-part structured interview was developed to explore the knowledge and application of the tangible and intangible living skills. The interview guide was administered during a phone interview or in-person interview with the respondent deciding the tactic he or she prefers. This study's intent was to explore the participants' perceptions of living independently. The first part of the interview consisted of closed-ended questions. The questions described the sample population characteristics. The second part included open-ended questions relating to the possession of tangible and intangible living skills.

Data Analysis

Data analysis included a summary description of this investigator's notes compiled from the responses of the participants to the interview guide. The interviewer attempted to find reoccurring themes or patterns in the participants' responses, which addressed the research questions. In addition to the narrative summary, the sample population characteristics were described in frequencies and percentages. Those characteristics include age, gender, race, geographic location, marital status, educational level, total number of foster homes, and total number of years in foster care (Appendix E & F).

Protection of Human Subjects

Prior approval for this study was granted by the Augsburg College Institutional Review Board (IRB approval # 2000-14-1). Former foster children were informed of the voluntary nature of the study in the letter of explanation. They were also informed and assured that confidentiality and anonymity would be maintained throughout the study. No names or identifiable information about participants were used. Audiotapes and transcribed texts were kept in a locked drawer in the researcher's office and were destroyed upon the completion of the research project. Furthermore, the only people who had access to the audiotapes and transcripts were the researcher and the thesis advisor. Participants were informed of the possible risks of participating in this study, such as painful emotions that may arise due to the nature of the topic. Participants were provided with a phone number of a resource that could be utilized for support in the event that painful emotions or stress occurred due to the research and interview questions. They could refuse participation, drop out at any time, or skip any questions. They consented to participate in the study by signing and returning the explanation letter in the envelope provided.

Summary

This chapter outlined the methodology used for this study. The research design was described and the process of sampling data collection, and data analysis. In the next chapter, findings are presented.

CHAPTER 5: FINDINGS

In this chapter, results of the study are presented. The themes were primarily organized into tangible and intangible living skills. Skill areas to develop and foster parent behaviors were also described.

Research Question 1: What independent living skills are possessed upon emancipation from foster care? .

A list of common independent living skills was categorized as tangible and intangible .

Tangible Living Skills

Living Arrangement

In general, many of the participants have demonstrated the ability to live independent from their foster families. Most have lived on their own and have gone through the process of finding a place to live including, setting up utilities, phone, and cable. They have also set up budgets to assist in paying bills in a timely manner and each understood the importance of having a positive credit report and how this can facilitate with the attainment of future goals. The few who still reside within the foster home have common responsibilities to those peers living without support from their former guardians. Each respondent expressed the difficulty experienced with the initial transition to living independently. They believe because of the positive influence and support given by the foster parents, the problems which they faced were less challenging.

Four of the ten said they were living with a roommate. Of the four who are presently living with roommates, three stated that they were happy with their living arrangement. One responded, "I have been friends with my roommate since grade school, we get along great and I think it is because we can tell each other anything so when we have a problem we talk it through and work it out before it gets too bad." Each of the respondents commented on how difficult it is to live on his/her own. One stated, "All the bills and responsibilities sometimes it's difficult to maintain". The respondent who was not happy is living with her foster sister. They had been in the same foster family for six years. She stated, "I did not have anyone else to move in with and we both wanted out" When asked to explain what "wanting out" meant, the researcher was told "you know how it is when you get old enough to leave and you get it into your head that it will be better. That you have all the answers." The researcher asked the respondent to explain how the living arrangement was different. The respondent said, "I now realize that it was not so bad at home" (home was defined as the foster home). "Now it is so hard, all the responsibilities and everything is so tough." Two of the ten respondents are living with their partners. One has been married for three years and the other was engaged and was planning a wedding in October 2000. Both of these former foster children have purchased homes with their partners and have a positive and hopeful outlook for the future. One said, "the transition was very difficult and things were not always this good. I was with my foster family for ten years and I thank God daily for all they have done for me". The other respondent that is engaged believed that because her foster family was so open and talked about

everything, she would have a great marriage just like the foster parents. “I was with them for most of my life (13 years), they are the only parents I have ever known and they did a great job! I was tough and I kept resisting their love. I kept asking why these strangers wanted to love me. My parents were supposed to do that. But they kept trying and they never gave up on me even though I think I would have. I know I am the way I am because of them. I can not imagine where I would be if I stayed with my biological parents.”

Maintaining Employment

Another independent living skill area was the ability to find and maintain employment. Overall the respondents were working and many had longevity in their current jobs. Some did express difficulty in finding a job they liked and it took a few tries before they found a job they could do for awhile. In fact, some had several job placement experiences before maintaining their current positions. There were, however, mixed opinions on the level of contentment and pleasure found in the positions. Many believed there was a correlation between contentment and the salary earned. They stated, “If I was paid enough I would be happy doing anything.” This may be indicative of the age of the population being studied. Several respondents were pursuing higher education in order to feel a sense of freedom and a greater sense of job satisfaction.

All respondents except one are currently employed. Only three of the nine, however, are happy with their employment status. One respondent stated, “I really do not like my job but who does? And anyway, It pays the bills.” Another replied, “I’ll get by for now. I know it is only temporary. I have two years left of school and then,

hopefully, I will find a job that I like and that I'll be able to stay at for a long time. I don't know, maybe that doesn't happen anymore." The three who are satisfied with their positions all have post secondary training or formal education that has assisted them in employment opportunities. Each stated that they had careers that they enjoyed and that they could change jobs if needed and that they are not trapped where they were currently. The choice of where to work was theirs. One respondent replied, "I really like my job. I went to school to be a nurse and I like being able to help people. Sometimes the politics of the hospital really get to me. If I wanted to move to another hospital, I could and that feels really good to know. I have options but I wouldn't be stupid and just change jobs because I didn't like someone or because something happened to make me mad." Three of the nine who are employed are also attending school. They all believed that their displeasure with their employment was only temporary. When they finish their current programs, they believe that they will be making more money and that they will be able to find jobs that they enjoy as opposed to their current positions. One respondent replied, "I know they say that money is not a motivator but I'll tell you that if I was making more money, I would be happier and like my job more. If you're paid enough, you do just about anything." When the researcher asked her to explain, the respondent said, "you just caught me at a bad time. Money is tight. I don't mean that I would do anything, I just get discouraged but I know it will all pay off when I am done with school." The one respondent who is not working is attending school and carries a full load of classes. He does hope to find part-time employment. He stated, "I have never had to work. My foster mom and dad have

always been there for me and school was always the priority. I did well in school, they were happy.

Managing Finances

The independent living skill area of managing a budget was difficult for most respondents, at least initially. They all understood the importance of having a budget, but the problems were two fold. First, setting up a budget was somewhat of a challenge and second, maintaining the limits they had set for themselves. This became particularly problematic when they wanted to purchase something and had to pay a debt as well. For a few this was extremely difficult whereas their credit was adversely affected. Some are still rectifying the situation today, but all were working hard to maintain the budget they had set for themselves. Again, each respondent expressed the involvement from their foster parents was the primary reason they were doing well today. Several stated that without the limits that the foster family placed on them they would not be as productive and successful today.

Every respondent commented on the challenges they faced with managing their own finances. For many the process was eased in part because of the instrumental role the foster family played in teaching money management skills throughout the foster care experience. Many had daily and weekly responsibilities around the house and most earned an allowance. Some were even required to save a certain portion of their earnings and this continued throughout high school with their part time. With this in mind, these respondents felt they had a good understanding of the details of managing a budget and maintaining individual finances.

All participants had a savings account; however, only three of the ten had more than \$200 in the account. One respondent said, "I work very hard to make sure I always put a little of my paycheck in savings. Sometimes it's only \$25 but some day I want to buy a house so I just keep plugging away. One respondent believed it was very important to have a savings account and because she is getting older, the necessity of a savings account is becoming more apparent. She stated, "Every time I get paid I put a little bit away." With regards to having a checking account many of the respondents had accounts and were doing very well with balancing their statements and not having over drafts on their accounts. Most had never experienced problems with their credit. They stated that bills were paid on time. There were no problems with credit cards, and they had never received a notice for insufficient funds in their checking account. Two of the respondents have experienced difficulties with creditors. One stated, she "cut up all of her credit cards. It was just too easy to buy things." She is working very hard to repay all of her debts and she has not been late with any of her payments in over six months. The other respondent replied, "chose to close my account, stating, "I just wanted to clean it up before it got any worse. I just opened a new account at a different bank and things are going OK. I don't plan on bouncing any checks like I did before."

Medical Care

Many of responses pertaining to the independent living skill area labeled medical care were consistent with the age of the population used for this study. The respondents only sought medical attention when the need arose. For many there were no problems, so they saw no need for medical care. By far the female participants

expressed a greater need for medical care than did their male counterparts. However, preventative medical care was mostly nonexistent for both male and female participants.

For most of the respondents, the necessity for medical care has been minimal. None of the respondents had experienced a medical emergency and with the exception of three respondents, dependent care was not an issue. Six of the ten respondents replied, "I don't have a need to go to the doctor." When asked about what would be done if a need for medical assistance should arise, seven of the ten respondents stated that they did have medical insurance or medical assistance. Even though one of the respondents received medical insurance benefits through her employer, she told the researcher that she did not have a regular doctor except for the one she saw while she was in foster care. "I can't remember how long it's been since I went to the doctor much less the dentist." The three respondents who are parents expressed the necessity for medical coverage as well as an overall concern that many people do not have health care coverage. One respondent replied that she never realized how important it was until she had children. The researcher asked each respondent when was his or her last medical examination. The responses varied from "last year" to "I can not remember." Although the responses differed depending on the individual, the majority of the respondents stated that they try to go every few years. Most respondents stated that they have gone within the last two years.

Mobility In The Community

All of the participant's responses regarding the independent living skill area pertaining to transportation were positive at least regarding knowledge of how to get around in the community. All were independent with their mobility ranging from a car, public transportation, relying on a friend, biking, or walking. Each understood how to access transportation, and most were commuting to their desired locations with the mode they were most comfortable.

Eight participants had an automobile that they either owned or were in the process of paying off. The respondent who stated that transportation was a problem did own his own vehicle; however, currently, his car has mechanical problems and does not run. He told the researcher, "I have put so much money into that piece of junk and just when I think it is ready to go something else goes wrong." When asked how he gets around, the respondent replied, "I have friends or I ask my foster mom and dad. If I have to, I'll walk or take the bus. My foster parents taught me about the responsibilities of owning and operating a vehicle; in particular, the expense and I haven't been able to get a decent car before now." He also told the researcher that he had been saving for a new car. He was hoping to have more money to put down so his payments would be lower. His original plan was to buy a new car but he realized that payments and insurance would be very expensive so he decided that he would buy a car that was three to five years old. The other seven respondents' comments were positive regarding their current means of transportation. Three did state that they previously had difficulties in maintaining their cars; however, this was no longer an issue. All eight respondents did comment on the

expense of owning and operating a vehicle. The two remaining respondents stated that they use public transportation as their primary means of mobility. One stated, "I have not owned a car and I have no desire to own one. I live and work on a buss line and, when I go out at night or run around shopping, my boyfriend or girlfriends drive me." The researcher asked if she had her driver's license and, if not, did she intend on getting it. She stated, "I don't have it and I have no intention of ever getting it. I really have no need for it and, besides, it's too expensive." The remaining respondent who also uses public transportation stated that she did, at one time, drive but has no desire to drive now.

Hobbies

In this skill, area the responses were varied, however, the general consensus was the expressed need for recreational activities. Some preferred a more physical approach to exercising, but many were too busy with daily responsibilities to participate on a consistent basis. On the other hand many interpreted recreational activities to mean anything one does to relax. With this in mind the responses included everything from organized sports or napping. Most of the participants were more involved during the summer months with the physical activities. All of the participants included time with their foster families as a positive experience and something they looked forward to.

The list of pleasurable activities was extensive and yet somewhat predictable, given the demanding lives of the respondents. The most frequently mentioned activity was to spend time at home with the family. Eight of the ten respondents included this activity as the most popular. When the researcher asked the respondents what specific

activity they engaged in with their family, many stated that they often watched television together. This activity was far more popular in the winter months whereas the warmer seasons commonly found individuals partaking in outside activities (e.g., bicycle riding, walking, picnics, and outings to the beach or park). One respondent stated, "I don't have a lot of free time but when I do I get together with my foster family. I have so much fun with them and they always have something going on." When the researcher asked to describe their family, all the respondents included their foster family as members of their family. Others included their biological family, partner, children, and some even included extended family. An additional common response was participating in athletic activities. Three respondents were members of a health club and they all worked out at or went to the clubs regularly. Six participated in summer recreational sports but stated they were not as active in colder months. One replied, "I am always on the go in the summer. I love softball and I swim, and in the fall I get into volleyball but, when it gets cold, I head indoors. I hate being cold so usually I watch a lot of TV and try to keep warm." Other common activities were going to movies or renting videos but, again, these were done more frequently in the cooler months. Five of the ten respondents stated that they went out to bars on their evenings off from work. One replied, "I love to dance and let loose. I don't like to drink though and sometimes I get really frustrated when I am dancing with my friends. One stated. "I don't have a lot of free time, but when I do I like to spend it with my family." Each of the respondents were asked to define family, all the responses included their foster family as members of their family. Finally, going to church was listed as a leisure time activity. The

participant talked about how her foster family “made us all go” and now she attends church every Sunday and she recently joined the choir. She stated she finds great peace in attending church services.

Intangible Living Skills

Trusted Person

Each of the respondents had one or several trusted people to go to if he or she were in need of assistance. The foster parents were included in all of the participant’s responses and most listed them first. They all expressed an understanding of the importance in having a trusted person to contact when times got difficult as well as having someone just to share their lives. All commented that trust was a problem for them and some still had problems expressing themselves with others, but the positive relationships they formed with their foster parents helped them to learn to trust and open up to others.

Seven respondents stated that one of the first places they would go would be their foster parent. Another frequent response was a spouse or partner and/or a good friend. One respondent stated, “The first person I would go to is my foster mom. I can tell her anything and I know she will still love me. I tell her before I tell my boyfriend.” Another respondent replied, “It would depend on what sort of help I needed. If I got into a car accident, I would tell my husband first. Actually, I would always tell my husband first now, but when I was pregnant for the first time I didn’t know what to do so I called my foster family. They have helped me so much.” All the respondents had

close friends that, in times of need, they would feel comfortable turning to for assistance with problems. Two of the respondents had life long friendships that they compared to a sister or twin. One responded stated, “my best friend and I have been through everything. Relationships, the loss of our parents, drugs, drinking, and school.” When asked where she met her best friend, the respondent replied, “during a foster family get-together. We were supposed to be bowling and she and I hung out and talked while we bowled. We had a blast and have been friends ever since.” Two stated that they would, in addition to foster families, also go to their biological family. One stated, “it has taken me a long time to build a relationship with my real mom. I had to learn to trust her and like her. When I was young, I was really mad at her but I have forgiven her. She’s doing good and the big reason for that is that she stopped drinking. I now feel like she would give me some good advice and help me through whatever problem I had.” The other replied, “My real mom is a good friend of mine, I was really angry at her. Heck, I was angry with everyone. I couldn’t understand why my parents didn’t want me because that’s what you think when you’re a kid and I couldn’t believe that another family wanted me. I have worked through the anger and mom has worked through some of her guilt. We are doing pretty well. I don’t know if I would ever think of her as a real mom, you know like my foster mom. You gotta remember I have been with my foster family since I was four but it feels good to have a relationship with my real mom and be able to be friends.” One respondent said she felt most comfortable talking with her counselor from high school. She told the researcher, “I have lots of friends, good friends, and I love my foster family. But my high school counselor helped me

through some tough times. She was there for me when I didn't think anyone else was and I know she'll never let me down. So, she's where I would go first and then probably to a friend."

Future Plans

All of the respondents had aspirations of a better future. The main factor that differentiated one response from another was the definition of "future." Some respondents spoke in terms of months where others used years as their mile markers. Some believed in going from day to day and making the most of the moment, but even for these individuals they had hopes for a brighter tomorrow. Many had traditional goals for their futures, for example, gaining an education, finding a good job, marriage, purchasing a home, having children, and traveling. Despite the tumultuous initial years, most of the participants were doing quite well and realizing many of their goals.

One respondent simply stated, "I live one day at a time. Right now that's the only way I'll survive. If I start looking into the future, I get overwhelmed and that creates problems. I do know, however, that as I get stronger I'll be able to look past today and see a brighter tomorrow. I am just not there yet." The respondents who were in their early twenties had a common goal of getting through school as well as getting a job or a better job. One respondent stated, "I still have two years left but I know I'll get a good job when it's all said and done. I chose nursing because there will always be jobs and the pay is pretty good too!" Another replied, "I am getting close to finishing my teaching degree. I just have my blocks left. I hope to be able to give something back to help build self-esteem and help young people succeed." Six of the ten respondents

stated buying a house was a primary goal for him or her. Only three were planning to someday have children. However, seven did state that getting married or maintaining their marriage was a major goal he or she hoped to achieve. With additional probing about marriage, all seven felt it would be difficult and scary because they witnessed the destruction of a relationship and the family unit. One of the three respondents who wanted children felt very strongly that because of all the love and nurturing provided by her foster family, she would be able to be a good mom. She stated, "I know it's going to be tough but I won't end up like my birth mom. My foster mom was a great role model." The researcher asked if any of the respondents had plans of ever becoming a foster parent. Three respondents stated that they did not think they could ever become a foster parent. One respondent stated that he, "would be afraid that I would get a kid like me. I was so angry at the world. I know I drove my foster mom nuts and she still hung in there. I don't think I could be as persistent." Another replied that if she, "had to put up with what my foster parents did, I think I would kill myself. There's no way I could ever do it." Seven respondents did say that either they would like to become foster parents or that they have thought about it and have not ruled out the idea all together. Two thought they would definitely become foster parents. One stated that she, "had such a good experience. Even though my life, at least that I had known was over, I blossomed into someone that I can say I really like and I know this is because of my foster parents. They loved me as if I was their birth child and I only hope that I can have such a positive impact on someone." Another respondent stated that, "I know first hand how tough it's going to be but I am a strong person and I believe that because of my

experience as a foster child I'll be able to help kids deal with all the changes we go through." All the respondents agreed that being a foster parent is one of the most difficult things a person could do and they expressed admiration and great respect for the individuals who chose to devote themselves to helping children.

Research Question 2: What independent living skill areas need further development?

Skill areas to develop and foster parent behaviors were also described.

Tangible Living Skills

Money Management

Overall, the current perceptions of the participants were positive regarding abilities to manage their own finances. Many expressed this to be an area of weakness when transitioning to independent living, but they also believed this was common with their peers who were not participants of foster care. For the participants who emancipated from the same foster home the needs in this area were far less. They each expressed the education they received regarding money management. The areas that needed further development were only pertaining to a few of the participants, which included, credit card handling and checking account maintenance. However each of the participants did express problems with maintaining a budget when they first ventured out on their own. These difficulties did not become extreme in fact they all learned to be responsible with their finances.

Medical Care

The participants understood the need for medical care and had knowledge on how to access care. Nearly all of the participants had medical insurance and sought medical attention when there was an emergency. However, the participants needed to practice preventative medical care. None of the participants had a primary care physician and most had not been for an annual exam in years. This is an independent living skill area that needs further development with this study population.

Intangible Living Skills

Perceptions Regarding Their Lives

All of respondent's comments were very positive regarding their lives as a whole and commented on how terrible their lives began. Many remembered physical abuse and chemical use. Each respondent vividly remembered being taken away from their biological family and how it felt to be placed in a new home. The initial anger was generated toward the foster care system, including, the foster family, the child protection social worker and the police who removed them from their homes. However, the anger still felt by many today is with their biological parents. There were many comments surrounding the disbelief that their parents could let them be taken away and not do all in their power to get them back. Many felt resentment toward their biological parents and some even expressed hatred for letting this happen. For the participants, the unresolved issues with their biological parents and how this affected their current relationships was an area needing further development.

Seven respondents expressed anger towards their birth parents. One stated, “still today I can’t understand how they could do what they did to me. The very people who are supposed to protect and take care of you are doing something this evil, this hurtful. It’s just beyond me.” Another commented, “I can see everything perfectly in my mind from when the police came to the shelter to meeting my first foster family. I have to say it does get easier but you’re still afraid and so incredibly lonely. It’s the worst feeling I have ever felt.” All the respondents believed that even though they experienced such pain and loss at an early age, they were able to overcome their difficulties. Again, each respondent talked about the difficulties experienced during adolescence and how this is amplified for a child in foster care who is experiencing familial disconnection. One respondent stated, “growing up was really hard for me. I never knew if my real parents were coming or going. With my real parents, I never had stability. Thank God for my foster family. They were able to provide consistent love and nurturing along with the structure and discipline that I needed. Another respondent replied that he “needed positive role models and my foster parents fulfilled that need.” Five of the ten respondents liked their current jobs and the other five believed they were in a transitional period whether in school or a training program or simply in a position that they were not happy with at this time. Most stated that their dissatisfaction was time specific and all were taking the necessary steps to make the needed changes or at least knew what course of action would be taken in the near future. They felt, for one reason or another, that this was not the right time to make a change. Six of the ten were in healthy and functioning relationships. One respondent stated, “I owe the success of my

marriage in part to my foster parents. They have such an awesome relationship. Yes, I am sure they have had problems but they always work at it and they are always able to laugh. Those are two things they taught me about relationships. 1) Always keep working, and 2) bring laughter into any situation possible.” Another replied: “I watched my foster family and I saw and felt all the love. They taught me how to love and to forgive.” A third respondent said that “being brought up in a big foster family, you had to learn to communicate, otherwise you would never be heard. I know I have this skill because of my foster family.” Two of the ten respondents are not currently in an intimate relationship, but they both felt that they had a healthy relationship with friends and family. One respondent was not happy with her relationship but stated “sometimes things don’t work out. It’s not the end of the world but before I give up, I’ll do all in my power to save my relationship.” Each respondent credited their individual successes in part to the role their foster parents played and all agreed that the longer they lived with a family, the greater the impact.

Research question 3: What skills were learned through foster parent modeling appropriate behavior?

The behaviors exemplified by foster parents and consequently the relationships which developed are described.

Preparedness for Independence

All of the participants believed they were prepared for living on their own.

Everyone commented that they probably could have been more prepared, but each

believed they had come to a place in their lives where they needed to be on their own and try it by themselves. They felt their parents had done all they could. All the participants expressed difficulties with the transition process, but most felt they were no different than anyone wanting to gain independence. The participants also believed that part of their success was due to the ongoing support provided by their foster families.

There was a consensus regarding the participant's perception of how prepared they were to live independently. Generally, the respondents believed they did possess the necessary skills to live independently. Many did, however, believe they had no understanding of how difficult this process would be regardless of how prepared they felt. All ten respondents stated that they possessed many of the tangible and intangible skills to facilitate a successful transition. One respondent stated, "my foster mom taught me how to cook and clean and do a lot of the things that made the transition easier." Another stated, "One of the most important things that my foster parents taught me was how to communicate. They always stressed how important it was for me to express my wants and needs in a healthy way. I learned that you're not always going to get satisfied, but by verbalizing you're able to express and hopefully understand that whether another person agrees with your feelings it is still "OK" to have the feelings that you do." A third respondent replied, "When you talk about those skills, the tangible and intangible, it all makes sense. The hard part was the intangible for me. Anyone can learn to cook, clean, and do all that stuff, you know balance a checkbook - things like that. The relationship part was really hard. I had to learn to trust again and it took me a long time to do that. I was lucky that my foster parents hung in there and gave me time

to test them because their patience and persistence is what got me here today. Sure, I still struggle in my relationships, who wouldn't given the past I've had, but I know there are people I can trust who won't hurt me and that love me for me."

Where Skills Were Learned

All of the participants expressed appreciation and gratitude to their foster parents for all they had done. Each believed they were instrumental in forming the adults they had become. Many believed they were the primary reason for them being successful. They credited the foster parents for teaching them the skills which allowed them to live independently and they will always consider their foster parents part of their family.

All ten respondents credited their foster parents to some extent for teaching them the skills that helped them make it on their own. Seven of the ten said they were the most influential people in their lives. One respondent stated, "Every thing I know, I owe in part to my foster parents." Another stated, "If it wasn't for them I don't know where I would be today. They hung in there when no one else would." Two of the respondents believed that both their foster parents and birth parents helped to prepare them for living on their own. Even though their responses were similar, the reasons for them were quite unique. One respondent stated, "Every foster parents did such a good job at including my real parents with my life. They talk about them and listened when I needed to vent or was upset about something they did, and my foster parents never judged. They were always supportive. I learned to understand my real parents and appreciate the gifts they gave me rather than hate them for what they didn't give me. I realize that all my parents taught me things that have made me who I am today." The

other respondent replied, “Well, I have to give both sets of parents credit. My birth mom brought me into this world and for that I am grateful. Also, she taught me what not to do and sometimes you learn the most from these experiences, and my foster mom taught me what to do and how to do it.” The remaining respondent said that her biological sister is the person who prepared her for living on her own. She commented on how they were taken from their mom when they were four and six and they were both placed in the same foster home. They remained in the same foster home until they were sixteen and eighteen. During this time, the respondent’s older sister attempted to obtain custody of her sibling and the state allowed her to live with her sister until she emancipated. This respondent said that her “sister is always there for me. She has been such a good role model. I really look up to her. She taught me about important things and really wanted me to succeed in life.”

Summary

This chapter presented findings from the interpretation of the data analysis. In summary, participants described the independent living skills they possess upon emancipation from foster care. These include the ability to live without support, being able to move about within the community, managing a budget, seeking medical care and giving leisure time activities. The skills which needed further development focused primarily on the relationship with their biological families and the unresolved issues associated with the separation including, trust, anger, and resentment. However, two additional areas included money management and preventative medical and dental

care. Finally, the overall impressions of the participants were positive regarding the instrumental role of the foster parents in preparing each participant for independent living.

Chapter six will present a discussion on the findings of the study in relation to current literature involving treatment foster care experiences and will also describe strengths and limitations of this study. The chapter concludes with implications for practice and policy and implications for future research.

Chapter 6: DISCUSSION

Chapter 6 summarizes the data findings and relates them to the literature review and theoretical framework presented in chapters 2 and 3. Additionally, limitations of the study, implications for social work practice, and future research suggestions pertaining to treatment foster care and the transition to independence of the recipients are discussed.

Summary of Findings

The purpose of the study was to investigate the independent living skills possessed by individuals who have aged out of foster care. Three major findings emerged from the information obtained. First, tangible and intangible independent living skills possessed upon exiting foster care were comprehensive. Most participants believed they had an understanding of these skills which assist in functioning positively in society. However the extent of mastery and application of the acquired skills varied among the participants. It is evident that most of the former foster care recipients that participated in this study believed that they were prepared for the transition to independent living. However there were areas that were challenging, but the predominant one that continued to be difficult was individual perceptions of their lives as a whole, and this included the relationships with biological parents. Finally, each participant gave a great deal of credit to their foster parents during the transitional process. They all attributed, at least in part, the acquisition of independent living skills to their foster parents. Overwhelmingly, the participants had a strong relationship with

their foster parents and all of the participants valued the positive influence generated. Unanimously, they believed that they greatly benefited from their presence and plan to maintain the relationship.

Discussion

The independent living skills possessed upon emancipation were numerous: areas of living arrangement, employment, financial status, medical care, transportation, hobbies, and plans for the future. Maluccio and Fein (1985) discussed how prepared an individual is to function in society and that this is influenced by their own individual characteristics, especially persons of their childhood experiences. The learning theoretical framework used supports this notion explaining how individuals are formed by their surroundings and how learning will occur in any environment (Bee, 1985). The behavioral foundation of the learning theory explains how children develop, and subsequently the life choices individuals may make. However learning theory also states that it is through our experiences that we acquire new responses to given situations (Bee, 1985). Therefore, if the experience is positive then the new response may also prove to be positive. The learning theory explains the micro level perspective whereas the systems theory explains the macro perspective noting that we are shaped by our environments and we function as part of a larger system. As one interrelated system changes so must we change and adapt.

These skills may also be present due in part to the longer placements of the participants, which supports a study conducted by Lutsk and Parish (1977) who discuss how the resources needed by foster care recipients to live independently are more easily

attained in long-term placements. Maluccio and Fein (1985) also discuss the continuum of services provided within the foster families and how these foster parents are a logical alternative to the often fragmented parenting style demonstrated from the biological parents.

Currently, the federal government allocates funds to agencies providing foster care to assist in the development of programs designed to educate young people in the areas of independent living and for continued education of foster parents. The Wilder Foundation in St. Paul, Minnesota provides support and education to everyone involved in the foster care process. In addition, they require their licensed foster parents to attend at least 24 hours of continued education annually; this may also in part explain the success of the individuals involved in this particular program.

A study conducted by Haley (1980) found that many youth transitioning to independence commonly experience challenges. It was not the participation in foster care, but rather the connection to the foster parents that aided in the successful transition. This connection is supported in the studies conducted by Steinberg (1980) and Josselyn (1978) where they discuss how the process is made less difficult when parents express interest and concern regarding their foster child. Anderson and Simonitch (1981) note the removal of the child from their biological family and the feelings associated with this separation, are confounded by feelings of frustration and abandonment. This study supports the emerging theme from the participants regarding their biological parents and unresolved confusion, anger, and mistrust surrounding their separation. Furthermore, the lack of contact from biological families during placement

is also addressed. The inconsistent contact does not provide an environment for modeling coping skills to assist with societal difficulties (Anderson & Simonitch, 1981). The learning theory also explains that a child develops through observing and internalizing the world around him or her. With this in mind, even though the changes may occur during critical phases of development and can have an impact on them, the outcome can still be positive (Bee, 1985).

The majority of the participants gave credit to their foster parents as being instrumental in assisting throughout the process of transition. Most had lived in a stable foster home for several years and felt that they truly benefited from this experience and this influence may have been strengthened due in part to the duration of the placement. Research has shown that young people are better able to develop into healthy secure and self-sufficient adults when the environment they grow and develop in is stable and the parents are able to provide love and support in a consistent manner (Steinberg, 1980). Many believed the foster parents taught them the necessary skills to move into adult status and achieve independence. A supporting study of foster parents role and their positive influence by Griffin (1985) states that in many cases the foster parents are the logical persons to provide the necessary services. They become the primary care givers for these children and can model appropriate adult skills and provide situations to try out the learned skills.

Implications for Social Work Practice and Policy

Youth forced into the foster care system are considered a vulnerable population (Colton, 1988). Social work practitioners must continue to advocate for the healthy

development of these young people. Social work can also assist individuals and families in understanding the needs of the foster child and provide education regarding supportive services. This action can alleviate stress; and hopefully, prevent problems for this population and in turn increase their access to needed services.

Social work can also assist in providing public education regarding the issue of the impact of unprepared young adults leaving foster care to live independently.

Another area for social work involvement is in supporting initiatives that bring the needs of this population to the surface so that the public and policy makers address them. In addition, advocating for changes that would address some of the barriers prevalent in the foster care system might include:

1. The lack of funding to support services.
2. The lack of research that adequately addresses the effectiveness of treatment models and services.
3. The lack of training, staffing, and programs necessary to deliver services to those involved in the foster care system and the larger child welfare system.
4. Continued research in designing programs that meet the special needs of children of color.

The need for case management of this population is apparent. Social workers can provide this essential component of effective servicing. Advocating for change in funding proposals and legislative actions that would provide necessary dollars and policies to implement an adequate case management plan is needed.

Conclusion

Continuing to provide assistance to families in ways that empower and support, social work can address the issues related to foster care youth throughout each developmental stage. For these reasons, this study may be beneficial to the field of social work, particularly the child welfare system and the programs that function to serve youth in foster care.

This study has significance in the area of independent living skills attainment in the treatment foster care setting. As long as youth continue to be victims of the child welfare system, new and innovative ways in which children can learn to be self-sufficient despite their disadvantaged lifestyles must be researched and implemented. In addition, this study provides social work and other disciplines with a foundation for further research related to those individuals who are members of the foster care system. Research is lacking in several areas. As the number of children entering foster care continues to grow, it is essential to conduct research that can provide a deeper understanding of the complex needs of these youths, and the most effective methods of service delivery. This research could be useful to enlist policy makers in an effort to be more proactive in providing essential programs designed to assist in the foster child's transition to independence. The limited information on the effectiveness of current family preservation services suggests that these services may be of limited use to most families of color who come in contact with the child welfare system. Therefore, researchers, policymakers, and practitioners should also give more attention to the nexus of race, gender, and social class as a factor in the functioning of child welfare services.

The analysts of poverty policy have largely ignored the foster care system, even though it is a direct programmatic outgrowth of AFDC and about half of the children in out of home placements come from families that are eligible for or receiving AFDC. This may prove to be a costly oversight on the part of policy makers.

This study supports the perception that many young adults leaving foster care are prepared to make the transition to independent living. Further research is needed to continue to shed light on this complex issue. Some areas for further research may include:

1. Further investigating the independent living skills possessed by those leaving foster care.
2. Comparing the youths' and families' perceptions to those of the social service providers in regards to perceived barriers.
3. Exploring what types of early intervention and education services seem to be most effective.
4. Examining the relationship between the lengths of time spent in a foster home to the possession of the independent living skills by the foster child.
5. Comparing the outcomes of emancipated foster care recipients in private agencies to those associated with public foster care agencies.
6. Assessing the perceived role of the foster care provider in relationship to the outcome at discharge from foster care.
7. Investigating the relationship between race and the outcomes of child welfare services.

It is important that education continue in this area, not only for youth and their families, but also for communities and professionals that work with this population. This education may also alleviate the stigma attached to a foster child and the foster care system as a whole, especially if educational components target these issues!

References

- Almeida, M.C., Hawking, R. P., Meadowcroft, P. & Luster, W.C. (1989). Evaluation of foster-family-based treatment in comparison with other programs: A preliminary analysis. In J. Hudson & B. Galaway (Eds.), The state as parents (pp. 299-313). Dordrecht, The Netherlands: Kluwer.
- Anderson, J. L., & Simonitch, B. (1981). Reactive depression in youths experiencing emancipation. Child Welfare, 9 (6), 383-390.
- Bee, H. (1985). The developing child(4th ed.). New York: Harper & Row, Publishers, Inc.
- Bereika, G. (1992, Fall). Treatment foster care: Its role in the service system Focus. (Foster Family-based Treatment Association newsletter), New York, NY.
- Bogart, N. (1988). A comparative study of behavioral adjustment between therapeutic and regular foster care in the treatment of child abuse and neglect. Unpublished doctoral dissertation, Memphis State University, Memphis, TN.
- Bryant, B. (1981). Special foster care: A history and rationale. Journal of Clinical Child Psychology, 10 (1), 8-20.
- Bryant, B. (1990). Evaluation research. What we know, what we need to know. Focus, 2 (2), 1-12.
- Bryant, B. & Snodgrass, R. D. (1990). Therapeutic foster care: Past and present. In P. Meadowcroft & B. A. Trout (Eds.), Troubled youth in treatment homes: A handbook of therapeutic foster care (pp. 1-20). Washington, D.C. Child Welfare League of America.

Bryant, B. & Snodgrass, R. D. (1992). Foster family care applications with special populations: People Places, Inc., Community Alternatives, 4 (1), 1-25.

Chamberlain, P. (1990). Comparative evaluation of specialized foster care for seriously delinquent youths: A first step. Community Alternatives, 2 (1), 21-36.

Chamberlain, P. & Moreland, S. (1991). Team treatment: Methods for enhancing foster home family placements (final report). Washington, D.C.: Department of Health and Human Services, Grant #90CW059.

Chamberlain, P. & Reid, J. (1991). Using a specialized foster care community treatment model for children and adolescent leaving the state mental hospital. Journal of Community Psychology, 19, (1), 266-276.

Clark, H., Boyd, L., Redditt, C., Foster-Johnson, L., Hardy, D., Kuhns, J., Lee, G., & Stewart, E. (1993). An individualized system of care for foster children with behavioral and emotional disturbances.

Cole, E. & Dura, J. (1990). Family preservation: An orientation of administrators and practitioners. Washington, D.C. Child Welfare League of America.

Colton, M. (1988). Dimensions of substitute child care. Aldershot, England: Avebury.

Courtney, M. E. (1994). Factors associated with the reunification of foster children with their families. Social Service Review, 68(1), 81-108.

Dennis, K.W. (1992). STAR-specialized team for AIDS relief, a therapeutic foster care program for children with AIDS. Community Alternatives, International Journal of Family Care, 4(2), 269-280.

- Edna McConnel Clark Foundation. (1994). Keeping families together and children safe: Facts on intensive family preservation services. New York: Author.
- Fancher, R. (1979). Pioneers of psychology. New York: W. W. Norton & Company.
- Fanshel, D., Finch, S., & Grundy, J. (1990). Foster children in a life course Perspective. New York: Columbia University Press.
- Festinger, T. (1983). No one ever asked us: A postscript to foster care. New York: Columbia University Press.
- Gardner, H. (1978). Developmental psychology. Boston: Little, Brown & Company, Inc.
- Griffin, W.V. (1985). Independent-living strategies: A program to prepare adolescents for their exit from foster or group care. Chapel Hill, NC: National Child Welfare Leadership Center.
- Haley, J (1980). Leaving home: The therapy of disturbed young people. New York: McGraw-Hill Book Company.
- Hawkins, R. & Breiling, J. (Eds.). (1989). Therapeutic foster care: Critical issues. Washington, D.C.: Child Welfare League of America.
- Hawkins, R., Almeida, C., & Samet, M. (1989). Comparative evaluation of foster-family-based treatment and five other placements choices: A preliminary report. In A. Algarin, R. Friedman, A. Duchnowski, K. Kutash, S. Silver, & M. Johnson (Eds.), Children's mental health service and policy: Building a research base (pp. 98-119). Proceedings of the 2nd Annual Research Conference, Research and Training

Center for Children's Mental Health, University of South Florida, Florida Mental Health Institute, Tampa, Fl.

Hawkins, R. P. (1990). The nature and potential of therapeutic foster care. In R. P. Hawkins & J. Breiling (Eds.), *Therapeutic foster care: Critical issues*. Washington, D.C. Child Welfare League of America.

Hawkins, R. P., Almeida, C., Fabry, B., & Reitz, A. (1992). A scale to measure restrictiveness of living environments for troubled children and youths. Hospital and Community Psychiatry, 43(6), 54-58.

Hazel, N. (1989). Adolescent fostering as a community resource. Community Alternatives: International Journal of Family Care, 1(1), 47-52.

Hudson, J., & Galaway, B. (Eds.). (1989). Specialist foster family care: A normalizing experience. New York: Haworth Press.

Hudson, J., Nutter, R., & Galaway, B. (1990). Specialist foster family-based care: North American developments. In B. Galaway, D. Maglajlic, J. Hudson, P. Harmon, & J. McLagan (Eds.), International perspectives on specialist foster family care (pp. 17-24). St. Paul, MN: Human Service Associates.

Hudson, J., Nutter, R., Galaway, B., & Thomlinson, B. (1991). An annotated and cross referenced bibliography of treatment foster family-based programming. Unpublished manuscript University of Calgary, AB.

Iglehart A. P., Becerra, R. (1995). Social Services and the Ethnic Community. Allyn and Bacon.

- Jones, R. (1990). Evaluating therapeutic foster care. In P. Meadowcroft & B. Trout (Eds.), Troubled youth in treatment homes: A handbook of therapeutic foster care (pp. 143-182). Washington, D. C. Child Welfare League of America.
- Josselyn, I. M. The adolescent and his world. New York: Family Services Association of America, 1972.
- Lutsk, B., & Parish, E. (1977). Foster children: Does custody insure security? Hartford, CT: Junior League of Hartford.
- Maluccio, A. N., & Fein, E. (1985). Growing up in foster care. Children and Youth Services Review, 7, 123-134.
- Meadowcroft, P. (1989). Treating emotionally disturbed children and adolescents in foster homes. In J. Hudson & B. Galaway (Eds.), Specialist foster family care: A normalizing experience. New York: Haworth Press.
- Meier, E. (1965, April). Current circumstances of foster children. Child Welfare, XLIV, 4, 192-206.
- Mikkelsen, E., Bereika, G., & McKenzie, J. (1993). Short-term family-based residential treatment: An alternative to psychiatric hospitalization for children. American Journal of Orthopsychiatry, 63(1), 28-33.
- Murphy, H. B. M. (1974). Long-term foster care and its influences on adjustment to adult life. In E. J. Anthony & C. Kouperneh (Eds.), The child and his family. New York: Wiley.
- Mussen, P., Conger, J., & Kagan, J. (1979). Child development and personality. (5th ed.), New York: Harper & Row, Publilshers.

Osmond, M. (1992). The treatment foster care program for the Children's Aid Society of Durham, Kawartha-Haliburton, and Northumberland. Coburg, ON: Ontario Association of Children's Aid Societies and the Ministry of Community and Social Services.

Patton, M. Q. (1987). How to use qualitative methods in evaluation. Newbury Park, CA: Sage.

Payne, M. (1997). Modern social work theory. (2nd ed.). Chicago, IL: Lyceum Books, Inc.

Rodway, M.R. (1998). Systems theory. In Turner, F. J. (Ed.), Social work treatment: Interlocking theoretical approaches, (3rd ed.). p 514-540. New York: The Free Press.

Ryan, P. (1988). Disciplining the adolescent in foster care. In A. Maluccio, B. Pine, & R. Kreiger (Eds.), Preparing for life after foster care: The crucial role of the foster parents.

Ryan, P., McFadden, E. J., & Warren, B. (1988). Foster families: A resource for helping parents. In A. Maluccio & P. Sinaogulu (Eds.), The challenge of partnership: Working with parents of children in foster care. New York: Child Welfare League of America.

Schneider, S. (1984). "Therapeutic families" as an extension of residential treatment for adolescents. Adolescence, 19(74), 435-445.

Shaw, M., & Hipgrave, T. (1983). Specialist fostering. London: Batsford Academic and Educational Ltd.

- Singer, R., & Singer, A. (1969). *Psychological development in children*. Philadelphia: W. B. Saunders Company.
- Smith, P. M. (1986). Evaluation of Kent placements. Adoption and Fostering, 10(1), 22-33.
- Steinberg, L. D. (1980). Understanding families with young adolescents. Chapel Hill, NC: University of North Carolina.
- Stroul, B. A. (1989). Community-based services for children and adolescents who are severely emotionally disturbed: Therapeutic foster care. Washington, D.C. CASSP Technical Assistance Center, Georgetown University Child Development Center.
- Tatara, T. (1994, December). Children substitute are flow data for FY 93. Voluntary Cooperative Information System. Washington, D.C. American Welfare Association.
- Thomlinson, B. (1993). What the empirical literature tell us: Something works. International Journal of Family Care, 2(3), 12-43.
- Timbers, G. (1990). Describing the children served in treatment homes. In P. Meadowcroft & B. Trout (Eds.), Troubled youth in treatment homes: A handbook of therapeutic foster care (pp.21-32). Washington, D.C. Child Welfare League of America.
- Triseliotis, J. (1980). Growing up in foster care and after. In J.Triseliotis (Eds.), *New developments in foster care and adoption* (pp.131-161). London: Routledge and Kegan Paul.

Webb, D. B. (1988). Specialist foster care as an alternative therapeutic out of home placement model. Journal of Clinical Child Psychology, 17, 34-43.

Ziefert, M. (1984). Adolescent abuse and neglect: Placement considerations. In E. J. McFadden (Ed.), Preventing abuse in foster care. Ypsilanti, MI: Eastern Michigan University.

Appendix A
Letter of Introduction

Letter of Introduction

Hello, my name is Christine Durocher. I am working at the Wilder Foundation with Treatment Foster Care in an internship position, which fulfills a partial requirement in the process of obtaining a Master's Degree in Social Work at Augsburg College. I am also conducting a research study for a final thesis requirement. For my thesis, I have chosen to study how prepared individuals are to live independently when they leave foster care. The Institutional Review Board at Augsburg College has approved this study (IRB# 2000-14-1).

While there is research and literature on how prepared former foster care recipients are to live on their own the research is limited and somewhat out of date. In addition I would like to hear about personal experiences in order to gain and give readers a deeper understanding of how prepared emancipated foster care participants are to live independently. Particularly the areas that gave them challenges and how they came about learning the skills they have.

Participant's confidentiality will be protected. No names or identifiable information about participants will be used in this study.

Indirect benefits of the study may include improving the understanding of social work practitioners, as well as the researcher, regarding the preparedness to live independently. Participants may also find it beneficial to have an opportunity to reflect and share personal experiences.

The study also has a minimal risk if you choose to participate. During the interview you will be asked to recall particularly difficult experiences that may have been highly emotional for you. Recalling the experience may elicit normal, but strong, emotional reactions. Should this occur, you may choose to withdraw from the study at any time with no consequences. Additionally, if overwhelming discomfort occurs due to the interview questions, a phone number will be provided for crisis intervention.

Participation is voluntary and confidential. The process would involve a 45-60 minute, in-person interview in which I would ask you a few questions. With permission I would like to audiotape the interview for transcription purposes. All audiotapes and transcripts will be destroyed for confidentiality purposes prior to August 31, 2000. Only the researcher and thesis advisor will have access to tapes and transcripts.

If this is something that you would be interested in participation I please contact me at (651) 642-2035 in order to determine a time that is convenient for an interview. If this does not interest you, thank you for your time.

Or if you need further information, you may contact my thesis advisor: Sumin Hsieh, Ph.D., Business Phone: (612)330-1376

Thank You,

Christine Beseman Durocher

Appendix B

Participant Consent Form

An Exploratory Study of Independent Living Skills of Emancipated Treatment Foster Care Recipients

Consent Form

You are invited to participate in my research study which explores the independent living skills of emancipated foster children. We ask that you read this form and ask any questions you have before agreeing to be involved in this study. Your participation is completely voluntary. This research study is being conducted by Christine Beseman Durocher in partial fulfillment of the Master of Social Work thesis requirement at Augsburg College.

The study consists of one audiotaped interview lasting about 60 minutes. A Master of Social Work student who is working on her thesis will conduct the interview. You will be asked to relate stories about your experience after leaving foster care and how prepared you were for living on your own. After the interview is complete, I will listen to the audiotapes and write an interpretation. I will then contact you once again and ask that you read over my interpretation of your interview. Change may be made to the written interpretation to reflect your comments.

It is possible that through the discussion and recollection of your story, painful memories or thoughts could occur. If at any point during the interview you feel too uncomfortable to go on, you may stop the interview without consequence. After the interview, I will provide a counseling referral for you to contact should the need arise.

It is possible that you could experience an enhanced sense of well-being or satisfaction as a result of telling your story. Also, the data obtained may effect policy changes in the program.

The interview will be scheduled at a time and place that are convenient for you. Interviews will be done in person.

The audio taped interviews will be transcribed by a trained transcriptionist and then destroyed. The trained transcriptionist will be required to sign a confidentiality form to ensure your privacy. Any identifying information from the interview, including your name, will be removed after the written transcript. The transcripts will be shared with the researcher's thesis advisor during the process of writing the thesis as well as the field supervisor. All information is confidential. However, the researcher cannot guarantee anonymity due to the small sample size, but I will make every effort to maintain anonymity. Transcripts will be identified with numbered codes only, and not names or identifiable information will be used in this study. Raw data, including the audiotapes, will be destroyed no later than August 31, 2000.

You are free to withdraw from this study or refuse permission for the use of your interview or transcript at any time. Your decision whether or not to participate will not affect your current or future relationship with Augsburg College.

Before you sign this form, please ask any questions on aspects of the study that are unclear. I will attempt to answer any questions you may have prior to, during, or

following the study. If I am unable to answer any of your questions to your satisfaction, you may also call my thesis advisor, Sumin Hsieh at (612) 330-1376.

Authorization:

1) I, _____, have read this consent form and decide to participate in the research project described above. My signature indicates that I give my permission for information I provide during the interview to be used for a thesis research project. I will be given a copy of this form for my records.

Signature

Date

Complete Address (for purpose of re-contacting you to verify my interpretation of your experience)

Telephone number (for purpose of re-contacting you to verify my interpretation of your experience)

In addition:

2) I consent to audiotaped interviews.

Signature

Date

3) I consent to the use of direct quotes from my interview.

Signature

Date

If you have any questions or concerns you may reach me at:

Christine Durocher
Augsburg College, MSW Student
Business Phone: (651) 642-4096

Or if you need further information, you may contact my thesis advisor:

Sumin Hsieh, Ph.D.
c/o Augsburg College
Business Phone: (612) 330- 1376

Appendix C

Interview Questions

Interview Questions

To be asked by the researcher

- 1) Do you live alone, with family, or a roommate?
- 2) Are you employed, in school, or on public assistance? Please explain
- 3) Tell me how you manage your finances. Do you have a savings account or checking account?
- 4) Do you feel your medical needs are being taken care of? Please explain.
- 5) With regards to transportation, tell me how you get where you need to go?
- 6) Tell me about someone you trust and would go to if you needed help
- 7) What do you do for fun?
- 8) What are your goals for the future?
- 9) Generally speaking, how do you feel about your life as a whole?
Please explain.
- 10) Overall, how prepared do you think you were for living on your own?
And who do you think prepared you for this transition?

Appendix D
Confidentiality Form

Confidentiality Form

This research study includes sensitive and confidential information about study participants. This information is shared with you confidentially for the purpose of being transcribed. By signing this form you are agreeing to not reveal names, identifying information or any of the content of the interviews.

Name of Transcriptionist

Signature

Date

Appendix E

Table 1

TABLE 1

	Age	Gender	Race	Location of Residence	Last Grade Completed	Marital Status	Number of Children
Respondent 1	22	F	W	Mpls	12	S	0
Respondent 2	22	F	W	St. Paul	12	S	1
Respondent 3	24	M	W	St. Paul	College Graduate	M	0
Respondent 4	25	M	W	St. Paul	12	S	2
Respondent 5	21	F	B	Mpls.	12	S	0
Respondent 6	21	F	B	Mpls.	12	S	0
Respondent 7	23	M	B	St. Paul	Post-secondary training	S	0
Respondent 8	21	M	W	St. Paul	12	S	1
Respondent 9	28	F	W	St. Paul	Graduate school	S	0
Respondent 10	22	F	W	St. Paul	Post- secondary training	S	0
Average Response							

Appendix F

Table 2

TABLE 2

	Number of Foster Care Placements	Number of Years in Foster Care
Respondent 1	5	7
Respondent 2	1	12
Respondent 3	1	14
Respondent 4	3	16
Respondent 5	3	14
Respondent 6	2	9
Respondent 7	1	12
Respondent 8	1	10
Respondent 9	2	15
Respondent 10	2	8
Average	2.1	11.7

